



**STATE OF TENNESSEE
ALCOHOLIC BEVERAGE COMMISSION**

Davy Crockett Tower
500 James Robertson Parkway, 3rd Floor
Nashville, TN 37243
615-741-1602

www.tn.gov/abc

4420 Whittle Springs Road
Knoxville, TN 37917
865-594-6342

170 North Main, 11th Floor
Memphis, TN 38103-1877
901-543-7284

540 McCallie Avenue, Suite 341
Chattanooga, TN 37402-2055
423-634-6434



**APPLICATION FEE
NON-REFUNDABLE**

Business Check, Money Order or Cashiers Check ONLY

ALL signature spaces MUST
be signed and notarized.

**APPLICATION FOR LICENSE TO
SELL ALCOHOLIC BEVERAGES AS FARM WINERY**

Date _____, 20 ____

Name of Corp./LLC/LP, SP, etc: _____

hereby make application for a license to sell alcoholic beverages at wholesale in the following location.

Doing Business As: _____

Business Address: _____ Business Telephone: (____) _____ Fax Number: (____) _____

City, State: _____ County: _____ Zip Code: _____

Mailing Address (if different from Business Address) _____ City _____ State _____ Zip Code _____

Website: _____ E-mail address: _____

1. Are you and all persons having a direct or indirect interest in the business (if any) a United States Citizen? _____ All applicants must complete form AB-0116 – Declaration of Citizenship
2. Have you, your partners, or any other person having any interest in your business ever been convicted of any criminal offense under the laws of the State of Tennessee or of any other State or of the United States? _____ If yes, please specify on an additional sheet of paper.
3. Have you, your partners, or any other person having any interest in your business been convicted of any offense under the laws of the State of Tennessee, or of any other State, or of the United States prohibiting or regulating the sale, possession, transportation, storing, manufacturing or otherwise handling alcoholic beverages within five (5) years preceding the date of this application pursuant to T.C.A. § 57-3-207(d)? _____ If yes, please specify on an additional sheet of paper.
4. Have you, your partners or any other person having any interest in your business ever been cited to appear before the Commissioner of Revenue or the Tennessee Alcoholic Beverage Commission and charged with a violation of the law or rules and regulations of these agencies? _____ If yes, please specify on an additional sheet of paper.
5. To whom is the Alcohol Dealer Registration as a farm winery issued? _____
6. Provide the names and addresses of person(s) related to you by blood, marriage or otherwise, who own, operate or have any interest either in a licensed retail store, wholesale distributorship, distillery, supplier, or liquor-by-the-drink establishment. _____

7. Provide the names and addresses of any and all person(s) other than those shown on this application who have any kind of interest (financial, stock ownership, loans, gifts, guarantee, etc) made for conducting this business. _____

8. Provide the names and addresses of all individuals other than those shown on this application who share in the profits from this business and state their interest: _____

9. Provide the name of any manager(s) and/or assistant manager(s) that will be in control of the management of this business: _____

- Please acknowledge by initials that all managers and/or assistant managers must be registered with the Tennessee Alcoholic Beverage Commission by completing and submitting a questionnaire to this agency immediately upon assuming duties. _____
10. Provide the name and address of any person having a direct or indirect interest in this business that has a relative employed by the Tennessee Alcoholic Beverage Commission. _____

11. Do you agree to accept full responsibility for the action of any person having a direct or indirect interest in this business and/or of any person employed by you in the conduct of this business? _____
12. Are you indebted to the State of Tennessee for any taxes? _____ If yes, please specify: _____

13. Provide Tennessee Sales Tax Number: _____
14. Does your farm winery meet the statutory provisions to be a farm wine producer? _____
- a. Is your farm located in Tennessee and does it consist of commercial vineyards, fruit orchards and/or fruit gardens or in combination of such farming operations? _____
- b. Does your farm produce its own locally grown product from a vineyard, fruit orchard or fruit garden or in combination of such farming operations to be used in the making of wine? _____
- c. Will your finished alcohol product contain a minimum of ninety-five percent (95%) of the product of vineyards, fruit orchards and/or fruit gardens grow and harvested at your farm? _____
15. Provide a property outline of the farm indicating, describing and/or designating the building where your wine will be sold at retail and where complimentary samples of wine will be offered. _____
16. State where the unsold bottles of wine will be stored and how the product will be secured. _____

17. Provide the name of the Tennessee licensed winery and license number with whom you have contracted to custom crush your produce for the production of wine to be sold at your farm. _____ Copies of all such contracts must be submitted to the Tennessee Alcoholic Beverage Commission.
18. Provide the hours of operation for the sale of your wine in the area designated above. _____

19. Describe how the produce will be transported from your licensed premises to the Tennessee licensed winery. _____

20. Describe how the finished wine product will be transported from the Tennessee licensed winery to your licensed farm winery. _____

WARNING: "YOUR STATEMENT IS MADE UNDER OATH OR AFFIRMATION. PROVIDING OR INCOMPLETE INFORMATION ARE GROUNDS FOR REJECTION OF APPLICATION OR SUSPENSION OR REVOCATION OF PERMIT IF ISSUED. FALSE STATEMENTS OR INCOMPLETE INFORMATION ARE ALSO SUBJECT TO THE PENALTIES OF PERJURY UNDER TENNESSEE LAW"

All data, written statements, affidavits, evidence or their documents submitted in support hereof, or upon bearing hereon, shall be deemed to be a part of this application.

The applicant or applicants agrees that the place for which application is made will be operated in conformity with Chapter 257, Public Acts of 1963, and in conformity with all applicable rules and regulations made pursuant to law, which are now, or may hereafter be, in force.

*** "THE ACCEPTANCE OF FEES DOES NOT GUARANTEE THE ISSUANCE OF A LICENSE OR PERMIT" ***

Application authorized by _____	_____
Print Name, Owner of Establishment	Print Name, Applicant
_____	_____
Signature, Owner of Establishment	Signature, Applicant

Subscribed and sworn to before me this _____ day of _____, 20_____

My Commission Expires _____	_____
	Notary Public
	Notary Seal

TABC Validation

The State of Tennessee and the Tennessee Alcoholic Beverage Commission are Equal Opportunity Employers. Discrimination, in any of its practices, which is based on age, race, sex, color, religion, national origin, disabling condition or any other nonmerit factor is prohibited. Thus, the Tennessee Alcoholic Beverage Commission is an equal opportunity, equal access, affirmative action public entity.

FOR ADDITIONAL INFORMATION:

Contact the agency ADA Coordinator for this state agency: Assistant Director at 615-741-1602 or the Tennessee Office of Americans with Disabilities, Department of Personnel. Alternate formats of this notice are available on request.